
Importance of WHO and the World Health Assembly to U.S. Public Health and Medicine: a Food and Drug Administration Perspective

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THE POLICIES AND PROGRAMS of the World Health Organization (WHO) and the World Health Assembly (WHA) have a significant bearing on health care in both developed and developing nations. The 39th World Health Assembly, meeting in Geneva in May 1986, acted in several areas important to U.S. medicine, areas ranging from acquired immunodeficiency syndrome to the rational use of drugs. Yet, unless U.S. public health officials and members of the medical community are directly involved in international health activities or otherwise keep abreast of programs and issues in international health, they may not be aware of the work of the WHO and of the decisions taken by the World Health Assembly.

To appreciate the relevance of the WHO to public health and health care in the United States it is important to understand the origins and structure of the Organization and how the U.S. Government works with the WHO on issues important to public health and medical practice in this country and throughout the world.

WHO's Structure and Governing Bodies

The WHO is part of the United Nations system. Its formal establishment in July 1946 was the outgrowth of a joint declaration offered by the Brazilian and Chinese delegations to the United Nations Conference on International Organizations, the 1945 San Francisco meeting that paved the way for formation of the UN (1). The WHO constitution that took effect on April 7, 1948, when it had been ratified by the requisite 26 UN members, created an organization composed of a Secretariat and two governing bodies, the World Health Assembly and the WHO Executive Board.

The WHO Secretariat, located in Geneva, provides the administrative and technical staff for the Organization. It is headed by the Director-General, currently Dr. Halfdan Mahler of Denmark, who was elected to a third 5-year term in 1983. In addition to its headquarters staff in Geneva, the WHO maintains six Regional Offices serving the Americas, Africa, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific. The WHO regional structure for the Americas includes the Pan American Health Organization (PAHO), located in Washington, DC, and PAHO's executive agency, the Pan American Sanitary Bureau, which was established in 1902.

The World Health Assembly, WHO's supreme governing body, is the annual gathering of all WHO members (currently 166, plus 1 Associate Member, Namibia). The Assembly customarily meets in Geneva in May—in 1986 from May 5 to 16—to discuss a variety of broad and specific health issues and to review and determine WHO policy and programs. The WHO biennial budget is reviewed and approved at Assembly meetings held in odd-numbered years. Technical discussions, although not an official part of the Assembly, are often conducted in conjunction with the meeting. In 1986, for example, technical discussions were focused on international cooperation in national strategies to achieve Health for All by the Year 2000—a WHO initiative aimed at the attainment by the end of the century of a level of health for all of the world's citizens that will permit them to lead socially and economically productive lives. (The concept grew out of a 1978 WHO international conference on primary health care held in Alma-Ata, USSR; the conferees identified primary health care as the key to attaining the goal.) The

initiative has its foundation in a view of primary health care defined in terms of eight essential elements:

1. education concerning prevailing health problems and the methods of preventing and controlling them;
2. promotion of food supply and proper nutrition;
3. an adequate supply of safe water and basic sanitation;
4. maternal and child health care, including family planning;
5. immunization against the major infectious diseases;
6. prevention and control of locally endemic diseases;
7. appropriate treatment of common diseases and injuries; and
8. provision of essential drugs.

Each WHO Member State is entitled to be represented at the World Health Assembly by not more than three delegates, accompanied by alternate delegates and advisors. At the 1986 World Health Assembly, the Chief U.S. Delegate was Otis R. Bowen, MD, the Secretary of Health and Human Services. The Surgeon General of the Public Health Service, C. Everett Koop, MD, was Deputy Chief Delegate, and the third member of the U.S. Delegation was Ambassador Gerald Carmen, Chief of the U.S. Mission in Geneva. One of us, Dr. Young, served as Deputy Chief Delegate for the latter half of the 1986 WHA meeting. Other members of the Delegation were executives of the Office of the Assistant Secretary for Health, Centers for Disease Control, National Institutes of Health, Department of State, and Agency for International Development.

The second major governing component of the WHO is the Executive Board, which consists of individuals from each of 31 Member States elected by the Assembly. Each State selects a representative to serve on the Board for a period of 3 years. By tradition, five countries—United States, United Kingdom, Soviet Union, France, and China—are represented on the Executive Board 3 years out of every four, being re-elected immediately following a year's absence. The U.S. member of the Board is appointed by the President and confirmed by the Senate. (In October 1986, Dr. Young was confirmed as the U.S. member of the Board.)

As its name implies, the Executive Board is responsible for giving effect to the decisions and

policies of the Health Assembly, for advising the Assembly on programmatic and policy issues, and for taking emergency measures to deal with events that require immediate action, such as providing relief for the victims of a calamity. Scheduled meetings of the Executive Board are held twice a year, usually in January and again following the May meeting of the World Health Assembly.

The United States and the WHO

The United States has regarded membership in the WHO as consistent with our national interest, and we continue to be the largest contributor of any of the Organization's 166 members. It should be of interest to U.S. public health officials and the medical community that many of WHO's programs, including the international monitoring of adverse reactions to drugs, owe their inception to U.S. influence. Smallpox eradication, for example, was achieved through global collaboration led by the United States and others, and it resulted in an important change in public health and medical practice.

The Director-General has emphasized the view, which the United States endorses, that health problems which the WHO takes on must be of major public health importance, that their solutions must depend on international collaboration, and that WHO's involvement must make a significant impact on the solution. The Health for All by the Year 2000 goal, espoused by Dr. Mahler and the WHO, is a prime example of the kind of activity that the United States supports at the World Health Organization and carries out in this country through the Office of the Assistant Secretary for Health, Robert E. Windom, MD.

Critical Issues at the 39th Assembly

Space does not permit a detailed discussion of actions taken at the 1986 World Health Assembly—not even of all such actions that have a bearing on public health and medical practice in this country. Two items that involve the Food and Drug Administration (FDA) might serve, however, to illustrate the important work of the Assembly in defining new programs and modifying existing ones having major worldwide health impact.

The WHO has been a leader in international cooperation concerning acquired immunodeficiency syndrome (AIDS). A specific example is the April 1986 meeting on the safety of blood and blood products. A total of 34 countries, including the

United States, participated in the meeting which one of us, Dr. Petricciani, organized. The World Health Assembly adopted a resolution urging Member States to continue collaboration among themselves and with WHO to control the AIDS epidemic. The resolution also requested WHO to cooperate with countries to study the problem and set up national and international collaborative programs for the prevention and control of AIDS.

For its part, the United States, through the Agency for International Development, is providing financial support to the WHO and to Member States to help address the AIDS problem. In addition, the Department of Health and Human Services has agreed to provide an expert epidemiologist from the Centers for Disease Control to direct WHO's AIDS activities in Geneva. WHO is engaged in laboratory, clinical, and epidemiologic research and in efforts to improve prevention and control activities relating to HTLV-III/LAV virus. The National Institutes of Health, Centers for Disease Control, and Food and Drug Administration are collaborating with the WHO in its efforts to combat AIDS.

Another significant action of the 1986 World Health Assembly concerned pharmaceuticals, specifically, the rational use of drugs. The Assembly approved by consensus a Revised Drug Strategy based on the recommendations of a WHO-sponsored Conference of Experts on the Rational Use of Drugs. Two of us, Dr. Young and Dr. Nightingale, participated in that conference, which was held in November 1985 in Nairobi, Kenya. The drug strategy recognizes the appropriate roles in rational drug use that can be played by various sectors of society: governments; the pharmaceutical industry; health personnel involved in prescribing, dispensing, supply, and distribution; universities and other teaching institutions; organizations of health professionals; the public; patient and consumer groups; and the news media.

The drug strategy is not a supranational regulatory approach by the WHO. Instead, the strategy supports governments in formulating and implementing national drug policies, including national efforts to identify and make available the drugs and biologics essential to meeting the health needs of individual nations. The strategy expands WHO's current efforts to assist governments that request help in developing national level programs of drug regulation, drug information (for professionals and laymen), training for personnel involved in drug distribution and use, development of national legislation relating to drugs, and

expansion of research aimed at developing badly needed new drugs in priority areas of health, and monitoring drug use and experience.

More than 80 countries have compiled national lists of essential drugs—those drugs that are necessary to satisfy the health care needs of the majority of their population. These lists have been prepared using as a reference a periodically updated model list and procedures developed by a panel of experts convened by the WHO, including experts from the United States.

The WHO drug strategy recognizes that such efforts are properly the responsibility of individual nations that may, if they choose, turn to WHO for information, technical assistance, and similar forms of aid in developing programs to promote and support rational drug use within their own countries. Additionally, the WHO coordinates a network of adverse drug reaction monitoring centers throughout the world, including one in the United States at the Food and Drug Administration. The reports gathered through this network are transmitted to a central unit in Uppsala, Sweden, for analysis and dissemination.

In this way, the WHO can alert agencies like the Food and Drug Administration to problems with drugs marketed overseas but not yet available in the United States, as well as to problems identified in other countries with drugs already on the market in this country. The FDA can, in turn, use such information in evaluating the safety and effectiveness of drugs under review, in modifying the labeling of approved drugs to reflect new information about safety and effectiveness, and in extreme circumstances to order the removal of drugs whose risk to benefit ratio is deemed to be unacceptable. American physicians and their patients are, of course, the ultimate beneficiaries of this activity in that they can be spared the consequences of adverse drug experience detected and reported through the WHO adverse drug results network.

Relevance of WHA Actions to U.S. Health

Clearly, AIDS and drug therapy are issues of major concern to U.S. public health officials, the medical community, and the public at large. The efforts of the WHO in these areas and the discussions and decisions at the recent World Health Assembly benefit patients and the general population in this country by providing improved knowledge, more rapid and useful exchange of information, and more rapid translation of labora-

tory and clinical findings to the patient care setting. To prevent the further spread of AIDS in the developing and developed world is clearly an extremely important priority and its accomplishment will be to the benefit of all.

Beyond these immediate and urgent public health issues with which the WHO is concerned, other functions, activities, and objectives of the WHO merit the attention, and where possible the active involvement, of U.S. public health officials and the medical community. The WHO is engaged in research, in training, in information dissemination, in health planning, and in a wide range of other activities. WHO activities are clearly articulated in a wide range of WHO publications that can be easily obtained. (See Editor's Note.) U.S. public health officials and practitioners can, of course, seek professional positions with the WHO, or, at the invitation of WHO, serve as WHO advisors and consultants, an experience that many of their colleagues have found highly rewarding.

World health is a laudable goal. WHO's campaigns for the prevention, treatment, and eradica-

tion of diseases can benefit all mankind as exemplified by the successful eradication of smallpox from the globe nearly 200 years after the successful demonstration of a vaccine by Sir William Jenner.

It is not mere rhetoric to say that the WHO deserves the understanding and support of the U.S. public health and medical communities. In fact, the WHO is, and will continue to be, an important source of information and insight that can be of significant value to the health of the people of the United States.

Editor's Note—World Health Organization publications can be obtained in the United States from WHO Publications Centre USA, 49 Sheridan Ave., Albany, NY 12210. WHO publications are also available from the United Nations Bookshop, New York, NY 10017.

Reference.....

- 1. The first ten years of the World Health Organization. WHO, Geneva, 1959.

**A Television Format
for National Health Promotion:
Finland's "Keys to Health"**

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The Keys to Health projects discussed in this paper were enhanced by the valuable guidance of Dr. N.

Maccoby of Stanford University and the longstanding commitment of associates with Finland's TV 2, especially producers H. Palander and M. Karjalainen.

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Synopsis.....

A series of televised risk reduction and health promotion programs have been broadcast in Finland since 1978. The five series of programs were the product of a cooperative effort by Finland's television channel 2 and the North Karelia Project. The series has featured a group of volunteers who are at high risk of diseases because of their unhealthful habits and two health educators who counsel the studio group and the viewers to make changes in health behaviors.

The "Keys to Health 84-85" was the fifth of the series and consisted of 15 parts, 35 minutes viewing time each. Results of the evaluation surveys, which are presented briefly, indicate that viewing rates were high. Of the countryside